



# Federal Annual Certification Report

This Annual Certification Report must be submitted within 60 days after the close of your fiscal year to both agencies:

U.S. Department of Justice/ACA Program  
10th and Constitution Avenue, NW  
Criminal Division/AFMLS  
Bond Building, Tenth Floor  
Washington, DC 20530  
Fax: (202) 616-1344

U.S. Department of the Treasury  
Executive Office for Asset Forfeiture  
740 15th Street, NW, Suite 700  
Washington, D.C. 20220  
E-mail address: [treas.aca@teoaf.treas.gov](mailto:treas.aca@teoaf.treas.gov)  
Fax: (202) 622-9610



**Law Enforcement Agency:** \_\_\_\_\_

☐ Police Department    ☐ Sheriff's Office/Department    ☐ Task Force (attach list of members)    ☐ Prosecutor's Office    ☐ Other \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Mailing Address:** (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Fax Number:** (\_\_\_\_\_) \_\_\_\_\_

**Agency Fiscal Year Ends on:** (Month/Day/Year) \_\_\_\_\_ **NCIC/ORI/Tracking No.:** \_\_\_\_\_

## Summary of Equitable Sharing Activity (Fiscal Year Ending \_\_\_\_\_)

	Justice Funds	Treasury Funds
1. Beginning Equitable Sharing Fund Balance .....	\$ _____	\$ _____
2. Federal Sharing Funds Received .....	\$ _____	\$ _____
3. Transfers From Other Law Enforcement Agencies (attach list) .....	\$ _____	\$ _____
4. Other Income .....	\$ _____	\$ _____
5. Interest Income Accrued ( <input type="checkbox"/> check if non-interest-bearing account) .....	\$ _____	\$ _____
6. Total Equitable Sharing Funds (total of lines 1 - 5) .....	\$ _____	\$ _____
7. Federal Sharing Funds Spent (total of lines a - n) .....	\$ (_____) _____	\$ (_____) _____
8. Equitable Sharing Fund Balance (subtract line 7 from line 6) .....	\$ _____	\$ _____
9. Appraised Value of Other Assets Received .....	\$ _____	\$ _____

## Summary of Shared Monies Spent

a. Total spent on salaries for new, temporary, not to exceed 1-year employees .....	\$ _____	\$ _____
b. Total spent on overtime .....	\$ _____	\$ _____
c. Total spent on informant and "buy money" .....	\$ _____	\$ _____
d. Total spent on travel and training .....	\$ _____	\$ _____
e. Total spent on communications and computers .....	\$ _____	\$ _____
f. Total spent on firearms and weapons .....	\$ _____	\$ _____
g. Total spent on body armor and protective gear .....	\$ _____	\$ _____
h. Total spent on electronic surveillance equipment .....	\$ _____	\$ _____
i. Total spent on building and improvements .....	\$ _____	\$ _____
j. Total spent on drug education and awareness programs .....	\$ _____	\$ _____
k. Total spent on other law enforcement expenses (attach list) .....	\$ _____	\$ _____
l. Total transfers to other law enforcement agencies (attach list of recipients) .....	\$ _____	\$ _____
m. Total permissible use transfers (up to 15 percent) (attach list of recipients) .....	\$ _____	\$ _____
Amount of line (m) transferred to and used for drug abuse treatment and prevention programs ..... \$ _____		
n. Total spent on matching grants (attach list) .....	\$ _____	\$ _____
o. Total annual law enforcement budget for your jurisdiction for current fiscal year .....	\$ _____	
p. Total annual budget for non-law enforcement agencies for current fiscal year .....	\$ _____	
q. Total annual law enforcement budget for your jurisdiction for prior fiscal year .....	\$ _____	
r. Total annual budget for non-law enforcement agencies for prior fiscal year .....	\$ _____	

Under the penalty of perjury, the undersigned hereby certify that the information in this report is an accurate accounting of funds received and spent by the law enforcement agency under the federal equitable sharing program during this reporting period.

Name (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_  
Law Enforcement Agency Head or Authorized Representative

Name (Print or Type) \_\_\_\_\_ Date \_\_\_\_\_  
Governing Body Head or Authorized Representative

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_